



**COLORADO**  
Department of Revenue  
Enforcement Division - Marijuana

# Medical Marijuana Support Employee License Application

**Marijuana Enforcement Division**

# Colorado Marijuana Enforcement Division

## Medical Marijuana Support Employee Application Instructions

### ***APPLICATION CHECKLIST***

☐ **1 Application Completed & Signed**

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If the space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application.

**Notice:** You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number.

☐ **2 All Forms Signed and Attached**

The following accompanying forms must be signed and returned with the application:

- ☐ Affirmation and Consent
- ☐ Investigation Authorization/Authorization to Release Information
- ☐ Letter from the Director

☐ **3 Proof of Identity/Residency**

You **MUST** be a Colorado Resident at the time of application and be able to prove residency. If you have lived in Colorado for at least 3 months, you must provide a Colorado Driver's license or ID.

☐ **4 Application Fee**

Submit the NON-REFUNDABLE application fee for a two-year license (please see fee schedule on website). Cash (Denver Office only), check, or money order accepted. Make check or money order payable to: Colorado Department of Revenue (DOR)

☐ **5 Bring in Application**

Bring in application and all attachments to: Marijuana Enforcement Division  
455 Sherman Street, #390  
Denver, CO 80203

OR

Call the Colorado Springs office at 719-570-5622 for an appointment

## Medical Marijuana Support License Application Form

Applicant's Last Name (Please Print)		First Name		Full Middle Name	
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)			Nicknames, Ailases, Etc. Used (Full Name) (Attach separate sheet if necessary)		
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race	Date of Birth	Social Security Number		Other Social Security Numbers Used <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes attach details.)
Place of Birth: City		State	Country		Drivers License Number and State+
Physical Appearance ➡	Height	Weight	Hair Color	Eye Color	Scars/Tattoos <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes explain on a separate sheet</i>
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	CO Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	*If "No", include details here: (Attach separate sheet if necessary)		Date of CO Residency	Alien Registration Number
<b>Physical Address</b>					
Address		City		County	State ZIP
Length of time at this Address: Year(s) Month(s)		Home Phone Number ( )		Cell Phone Number ( )	Email Address
<b>Mailing Address (if different from Physical Address)</b>					
Address		City		State	ZIP
List all addresses where you have lived during the last 5 years, not including present address, (attach separate sheet if necessary)					
<b>Street and Number</b>		<b>City/State/ZIP</b>		<b>From</b>	<b>To</b>
Name of licensed Marijuana business where you will be working (If applicable)			Work Phone Number ( )		Job Title
Name of present employer, if different from above			Work Phone Number ( )		Occupation or Job Title
Do you currently possess a Colorado Marijuana license or are you an owner in any other type of Colorado Marijuana license? <input type="checkbox"/> Yes <input type="checkbox"/> No      *If "Yes", indicate license type and number here:					
Have you ever applied before for a Marijuana license in this or any other jurisdiction, domestic or foreign, whether or not the license was ever issued? <input type="checkbox"/> Yes <input type="checkbox"/> No      *If "Yes", explain here:					
Have you ever been denied a Marijuana license, withdrawn a Marijuana license application or had any disciplinary action taken against any Marijuana license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No      *If "Yes", explain here:					
Applicant's Signature					Date

Applicant's Last Name (Please Print)	First Name	Middle Name
<p><b>Notice:</b> The Support Application Form is an official document. If you provide false information on your Marijuana license application and/or do not disclose all information the application asks, your license is subject to denial or revocation, and you may be subject to criminal prosecution. The Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information. You are advised that it is better to disclose all information than face denial, revocation or criminal prosecution.</p> <p>If you need clarification of any of the following questions, please contact the Investigations Section at any Marijuana Enforcement Division office.</p>		
1.	Have you ever been convicted of a felony at anytime regarding the possession, distribution, or use of a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you served a sentence, including probation or parole, within the past 5 years upon conviction for any felony, even if the conviction occurred more than 5 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you a licensed Physician making patient recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you had your authority to act as a primary caregiver revoked by the State Health Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you under 21 years of age at the time of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you the spouse or child living in the household of any person employed by the Colorado Marijuana Enforcement Division?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you a sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee of the marijuana state licensing authority or a local licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>STOP!</b> If you answered YES to any of the above questions, by Colorado law you cannot obtain or hold a Colorado Medical Marijuana license.</p>		
<p>I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Marijuana license if at any time in the future I can ever answer "Yes" to any of the questions above.</p>		
Applicant's Signature		Date

Applicant's Last Name (Please Print)	First Name	Full Middle Name
<b>Financial History</b>		
1. Are you delinquent in the filing of any tax return with any taxing agency anywhere? If so, must provide agreement to pay or badge will not be released.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you delinquent in the payment of any taxes, interest, or penalties due to any taxing agency anywhere? If so, must provide agreement to pay or badge will not be released.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you delinquent in the payment of any judgments due to any governmental agency anywhere? If so, must provide agreement to pay or badge will not be released.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are you delinquent in the repayment of any government-insured student loans? If so, must provide agreement to pay or badge will not be released.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are you delinquent in the payment of any child support? If so, must provide agreement to pay or badge will not be released.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>*If you answered YES to any of the questions above, give details on separate sheet. Attach any documents to prove your settlement on any of these issues. You must resolve any governmental delinquencies prior to being issued a Colorado medical marijuana occupational license.</p>		
<b>Criminal History</b>		
1. Have you, after turning 18 years of age, ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, or use of a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. In the last 10 years have you ever been arrested, served with a criminal summons, charged with, or convicted of ANY non-drug or non-narcotic related crime or offense in any manner in this or any other country? <ul style="list-style-type: none"> <li>• You must include ALL arrests, charges, and convictions in the last 10 years, but not prior to the age of 18, regardless of the outcome, even if the charges were dismissed or you were found not guilty.</li> <li>• You must include ALL arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).</li> <li>• You must include ALL serious traffic offenses, including DUI; DWAI; reckless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any other offense which resulted in your being taken into custody.</li> <li>• NOTICE: Do not rely upon your understanding that an arrest or charge is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>*If you answered YES, explain in detail on the sheet provided. For each offense for which you were arrested or charged, <b>YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE.</b> This information will include whether you were found guilty or not guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.</p>		
3. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, or as owner, director, or officer of a corporation, ever been a party to a lawsuit (other than divorces), either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>*If you answered YES to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.</p>		
Applicant's Initials		

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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DR 8525 (07/03/14)  
**COLORADO DEPARTMENT OF REVENUE**  
 Marijuana Enforcement Division  
 455 Sherman Street, Suite 390  
 Denver, CO 80203

## Arrest Disclosure Form

If, since turning age 18, you have ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution or use of a controlled substance, you must disclose this information to the Marijuana Enforcement Division.

If you have been arrested any where in the U.S., in the past in the past 10 years, given a summons, or been convicted of any non-narcotic offense, you must disclose this information to the Marijuana Enforcement Division. If you have an outstanding warrant, you will be arrested at the time of application.

Any person licensed by the Marijuana Enforcement Division, must make written notification to the Division's office of any criminal conviction and/or criminal charge pending against such person within 10 days of such arrest, summons, or conviction. This includes:

- Being taken into custody for any offense, including traffic offenses
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.

### Please List Each Offense Separately

<b>1</b>	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
<b>2</b>	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
Signature		Date

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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DR 8525 (07/03/14)  
**COLORADO DEPARTMENT OF REVENUE**  
 Marijuana Enforcement Division  
 455 Sherman Street, Suite 390  
 Denver, CO 80203

## Arrest Disclosure Form

(Continued)

**Please List Each Offense Separately**

<b>3</b>	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
<b>4</b>	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
Signature		Date



## Affidavit - Restrictions on Public Benefits

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- ☐ I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date



# Affirmation & Consent

I, \_\_\_\_\_, state under Penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Support Employee License Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Medical Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a temporary Medical Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Medical Marijuana license, and for 90 days following the expiration or surrender of such Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

**Print your Full Legal Name clearly below:**

Legal Last Name (Please Print)	Legal First Name	Legal Middle Name
Signature		Date

# Investigation Authorization

## Authorization to Release Information

I, \_\_\_\_\_, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

**Print your Full Legal Name clearly below:**

Legal Last Name (Please Print)	Legal First Name	Legal Middle Name
Signature		Date

# STATE OF COLORADO

## DEPARTMENT OF REVENUE

Marijuana Enforcement Division  
455 Sherman Street, Suite 390  
Denver, CO 80203



John W. Hickenlooper  
Governor

Barbara J. Brohl  
Executive Director

Dear Applicant:

Thank you for your interest in becoming a support employee in the Marijuana industry. Before you submit your application, we want to make you aware of a few facts.

The Marijuana industry in Colorado is one of the most scrutinized businesses in the state, because Colorado citizens want the industry and everyone involved in it free from even the hint of any corruption or deceit. That's why we take our regulation of the industry very seriously, including the issuance of licenses.

During the licensing process, we will conduct a thorough check of your background. If you pass our qualifications, you will be found suitable as a support license holder that will allow you to work in the Marijuana Industry. You should know that a Marijuana license is a privilege, not a right. And one thing you must do to obtain this privilege is be completely honest on your license application.

In particular, we ask you on page 3 of the application: "Have you, after turning 18 years of age, ever been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, or use of a controlled substance? In the past 10 years, but not prior to age 18 have you been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country?" The application goes on to tell you to explain ALL such arrests or charges no matter the final outcome.

Did you list ALL arrests and charges required on page 4 of 9? This includes ALL drug-related offences since you turned 18 and ANY other offences in the last 10 years. Are you clear about what you need to disclose? If not, then ask someone at the front desk to assist you and answer any questions you might have. Here are some of the excuses we have heard from people who have failed to disclose arrests to us:

- My attorney told me I didn't have to disclose.
- I didn't think I was arrested, because I only got a ticket.
- I didn't think the arrest had anything to do with Medical Marijuana.
- I didn't think that was still on my record.

But there is no excuse not to disclose an arrest. You have been informed throughout the application to disclose ALL arrests. And you have just been informed again: You will not necessarily be denied a license if you have ever been arrested, but you will be denied if you fail to disclose any arrest.

I have read and understand this letter.

Signed \_\_\_\_\_ Date \_\_\_\_\_